

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10730108**
APPLICANT(S)

FILED DATE

CLAIMS

	AS FILED		AFTER 1ST ASSIGNMENT		AFTER 2ND ASSIGNMENT	
	CHD	DEP	CHD	DEP	CHD	DEP
1	1					
2		1				
3		1				
4		1				
5	1					
6		1				
7		1				
8		1				
9		1				
10	1					
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42		1				
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48						
49						
50						
TOTAL IND.	8					
TOTAL DEP.	36					
TOTAL CLAIMS	44					

	CHD	DEP	CHD	DEP	CHD	DEP
51						
52						
53						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						